



PROSPECTIVE CLUB SEAT LICENSE HOLDER APPLICATION

Date: _____ Priority Number: _____

Circle One: CORPORATE Account **OR** INDIVIDUAL Account

PLEASE PRINT

Name: _____ Date of Birth (Optional): / /

Company: _____

Street / Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Home Telephone: _____

Fax: _____ E-Mail: _____

I wish to purchase _____ (#) CLUB SEATS.

Term: Five (5) Years Three (3) Years Two (2) Years

Agreement requires a non-refundable payment of _____ X \$ _____ = \$ _____ X 50% = _____
SEATS PRICE PER SEAT ANNUAL COST TOTAL DEPOSIT

Payment Schedule: _____

Method of Payment (Check One): Cash Check Credit Card

Credit Card Type: Visa MasterCard AMEX Discover

Name on Card (please print): _____

Credit Card Number: _____ Exp. Date: _____

Cardholder Signature: _____

Checks are to be made payable to: City of Rio Rancho

PURCHASER

GEMS REPRESENTATIVE